# CIGARETTE DEALER MONTHLY SALES & USE TAX RETURN

35	STATE OF RHODE ISLAND					
2	DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-58					

NAME		
ADDRESS		1. SALES & USE TAX DUE FOR THE MONTH (INCLUDING SALES TAX DUE ON CIGARETTE SALES)
CITY, STATE, ZIP	— STM	PLEASE DO NOT WRITE IN THIS AREA
I HEREBY CERTIFY THAT THIS RETURN, TO THE E BELIEF, IS A TRUE, CORRECT AND COMPLETE RE SIGNATURE OF OWNER, PARTNER OR AUTHORIZED A	ETURN.	2. LESS: CREDIT FOR PREPAID SALES TAX ON CIGARETTES (FOR THIS MONTH ONLY)
TITLE	DATE	PLEASE DO NOT WRITE IN THIS AREA
FEDERAL IDENTIFICATION NO.	RETURN FOR MONTH ENDING	3. NET SALES AND USE TAX DUE (LINE 1 LESS LINE 2)
T-204 CIG REV 07/0	05	
	F RHODE ISLAND L HILL STE 4, PROVIDENCE, RI 02908-580:	CIGARETTE DEALER  MONTHLY  SALES & USE TAX RETURN
NAME		1. SALES & USE TAX DUE FOR
ADDRESS	STM	THE MONTH (INCLUDING SALES TAX DUE ON CIGARETTE SALES)
CITY, STATE, ZIP		PLEASE DO NOT WRITE IN THIS AREA
I HEREBY CERTIFY THAT THIS RETURN, TO THE E BELIEF, IS A TRUE, CORRECT AND COMPLETE RE SIGNATURE OF OWNER, PARTNER OR AUTHORIZED A	ETURN.	2. LESS: CREDIT FOR PREPAID SALES TAX ON CIGARETTES (FOR THIS MONTH ONLY)
TITLE	DATE	PLEASE DO NOT WRITE IN THIS AREA
FEDERAL IDENTIFICATION NO.	RETURN FOR MONTH ENDING	3. NET SALES AND USE TAX DUE (LINE 1 LESS LINE 2)
T-204 CIG_REV 07/0	05	
	F RHODE ISLAND L HILL STE 4, PROVIDENCE, RI 02908-580:	CIGARETTE DEALER  MONTHLY - QUARTER END RECONCILIATION  SALES & USE TAX RETURN
NAME  ADDRESS		1. SALES & USE TAX DUE FOR THE MONTH (INCLUDING SALES TAX DUE ON
CITY, STATE, ZIP	STMC	CIGARETTE SALES)
I HEREBY CERTIFY THAT THIS RETURN, TO THE E BELIEF, IS A TRUE, CORRECT AND COMPLETE RE		PLEASE DO NOT WRITE IN THIS AREA *  2. LESS: CREDIT FOR PREPAID
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED A	AGENT	SALES TAX ON CICARETTES (FOR THIS MONTH ONLY)  PLEASE DO NOT WRITE IN THIS AREA
FEDERAL IDENTIFICATION NO.	DATE  RETURN FOR MONTH ENDING	3. NET SALES AND USE TAX DUE (LINE 1 LESS LINE 2)
T-204 CIG REV 07/0		

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, DEPARTMENT OF ADMINISTRATION

DIVISION OF TAXATION

### PLEASE READ CAREFULLY

### THESE INSTRUCTIONS INCLUDE CHANGES IN REPORTING REQUIREMENTS

INSTRUCTIONS FOR PREPARING RETURNS -- DUE THE 20TH OF EACH MONTH FOR THE PREVIOUS CALENDAR MONTH

This coupon booklet is to be used by sellers of cigarettes and other tangible personal property. IF YOU HAVE NO TRANSACTIONS TO REPORT FOR THE PERIOD, WRITE "NO SALES" ACROSS THE MONEY COLUMNS OF FACE OF RETURN, SIGN AND MAIL TO DIVISION OF TAXATION, ONE CAPITOL HILL, STE 4, PROVIDENCE RI 02908-5802

## RETURNS FOR THE FIRST TWO (2) MONTH OF EACH QUARTER REQUIRE A NET SALES AND USE TAX PAYMENT ONLY. COMPLETE THE RETURN AS FOLLOWS:

ITEM 1 Enter the sales and use taxes due on the sale of all taxable products including cigarettes Add up the amount of prepaid sales tax shown (as a separate line item) on each purchase invoice issued to you by your cigarette distributor. Include only the prepaid sales taxes ITEM 2 indicating a purchase date in the same month as this return

Item 1 less Item 2. ІТЕМ З

RETURNS FOR THE MONTHS OF SEPTEMBER, DECEMBER, MARCH AND JUNE.

To prepare the return for the last month in each quarter, start with the schedule below. IMPORTANT: - Start with (Schedule A) Item 1 below then complete the return on the reverse side.

### SCHEDULE A

ITEM 1.

Include all sales (including cigarette sales) for the quarter in any way related to Rhode Island businesses, including sales exempt from tax; leases and rentals of personal property; and charges for printing, fabricating, or processing personal property for consumers. Do not include sales from rental of living quarters.

- ITFM 2. Enter sales for the quarter from living quarters in hotels, motels, rooming houses or tourist camps.
- Enter purchase price of merchandise, equipment, or other tangible personal ITEM 3. property purchased for resale and subsequently used or consumed by you during the quarter rather than sold.
- ITEM 4. Enter cost of tangible personal property purchased outside of Rhode Island tax free for use, storage, or consumption by you in this state during the quarter.
- ITEM 5. Enter here the amount of any other transactions during the guarter subject to the tax (e.g. electricity, gas, etc., used for heating or lighting and purchased without payment of the tax.)
- ITEM 6. Total of items 1,2,3,4,and 5 for the guarter.
- ITFM 7. Total deductions for the quarter
- ITFM 8. Item 6 less Item 7- Taxable Sales for the quarter.
- ITEM 9. Item 8 times 7% - Sales & Use tax due for the quarter. CARRY TO ITEM 1 SCH B.
- FRONT OF FORM ITEM 1.
- Enter amount of Sales & Use tax due for the quarter. (From Item 9 Sch A on back)
- ITEM 2 Enter Sales and Use Tax Due from Item #1 of Month #1 of calendar quarter.
- ITEM 3. Enter Sales and Use Tax Due from Item #1 of Month #2 of calendar quarter.
- Add up the amount of prepaid sales tax shown (as a separate line item) on ITEM 4. each purchase invoice issued to you by you cigarette distributor. Include only the prepaid sales taxes indicating a purchase date in the third month of
- the calendar quarter
  Any credit for sales taxes paid in other states. Note: Credit taken cannot exceed ITEM 5.
  - tax due on the amount of R.I. use tax (Item 4 on back of return). Net sales and use tax due. Item 1 less items 2.3.4 & 5

# IF A RETURN WAS FILED FOR THE FIRST AND/OR THE SECOND MONTH OF THE QUARTER, A COMPLETED FORM T204 STMCR RECONCILIATION MUST BE FILED FOR THE LAST MONTH OF THE QUARTER.

ITEM 6.

Electronic Funds Transfer (EFT) is mandated for some taxpayers. Both ACH credit and ACH debit methods are available. Please call (401) 222-6282 for information and authorization.



